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**FACSIMILE****Date:** January 16, 2004**TO:**

Name	Group Art Unit	Company	Facsimile No.
Examiner N. Nashed	1645	U.S. Patent and Trademark Office	703-746-5285

**FROM:** Deborah L. Cadena **Phone:** 858-535-9001  
**R gistration No.:** 44,048  
**Sent By:** Carrie Hines  
**Client/Matter/Tkpr:** 66692-033 (P-TB 4927) **Originals Follow by Mail:** NO  
**Number of Pages, Including Cover:** 39

**Re:** United States Serial No.: 09/930,600

Filed: August 15, 2001

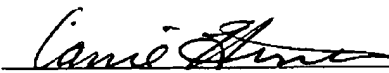
Inventors: Sem et al.

Entitled: NMR-SOLVE METHOD FOR RAPID IDENTIFICATION OF BI-LIGAND  
DRUG CANDIDATES**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that these 39 pages are being  
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CARRIE HINES

Name (printed)

  
Signature**Transmitted herewith are the following OFFICIAL documents:**

- 1) Preliminary Amendment: (26 pages)
- 2) Transmittal Form 1083 (in duplicate): (4 pages)
- 3) Copies of the two references requested by the Examiner. (8 pages)

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AMENDMENT TRANSMITTAL LETTER		CLIENT-MATTER NO.: 66692-033 (P-TB 4927)	
SERIAL NO: 09/930,600	FILING DATE: August 15, 2001	EXAMINER: N. Nashed	GROUP ART UNIT: 1645 CONFIRMATION NO.: 2240
INVENTION: NMR-SOLVE METHOD FOR RAPID IDENTIFICATION OF BI-LIGAND DRUG CANDIDATES			

TO: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

# CERTIFICATE OF FACSIMILE TRANSMISSION

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Signature

Transmitted herewith is a Preliminary Amendment in the above-identified application.

X Small Entity status of this application has been established under 37 CFR 1.27.

X Copies of the two references requested by the Examiner.

— Petition for Extension of Time is enclosed (in duplicate).

— Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.

X No additional claims fee is required.

— An additional claims fee is required and has been calculated as shown below:

## CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	160	-	160	-	0	x	\$9	\$18	=	\$0.00	\$
INDEPEN- DENT CLAIMS	4	-	11	-	0	x	\$42	\$84	=	\$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			____ YES		__XX__ NO		\$140	\$280	=	\$0.00	\$
							TOTAL ADDITIONAL FEE			\$0.00	\$

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

Inventors: Sem et al.  
Serial No.: 09/930,600  
Filed: August 15, 2001  
Page 2

\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

— Please charge my Deposit Account No. 502624 the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is enclosed.

X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.

X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



Deborah L. Cadena

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